

INDEPENDENT LEVEL SUPERVISOR REPORT

1 of 2

INDEPENDENT LEVEL SUPERVISOR REPORT

(continued)

4. Briefly describe the setting in which the candidate's clinical work was performed.

5. Do you have any reservations regarding the candidate's ability to perform as a clinical social worker?
[] Yes [] No If yes, please explain. (Please use additional pages as needed)

Supervisor Name: _____

Degree & Discipline: _____

License # (include State(s) of licensure) _____

AFFIDAVIT

I hereby certify that the responses provided above are true and accurate to the best of my knowledge and belief.

Supervisor Signature

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

To the Supervisor: Upon your completion of this report, please place in an envelope, seal, and return it to:

STATE BOARD OF SOCIAL WORK EXAMINERS
Bureau of Occupational Licenses
1109 Main St., Suite 220
Boise, ID 83702